

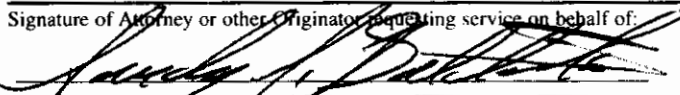
U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF GANDY J. BATTISTA		COURT CASE NUMBER 05-11456-DPW	
DEFENDANT MICHAEL M. PENNEY, Commissioner		TYPE OF PROCESS CIVIL	
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Commissioner of Mass. Department of Correction		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 50 Maple Street, Suite 3, Wifford, Mass. 01757-2808		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
Buddy J. Battista, #M-15800 Youth Treatment Center 20 Administration Rd. Bridgewater, Mass. 02324-3230		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	6
		Check for service on U.S.A.	

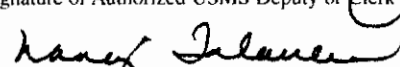
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

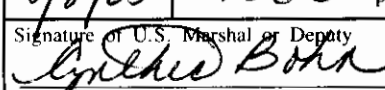
Defendant is the current Commissioner of the Mass. Department of Correction.

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 7/19/05
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk 	Date 7/26/05
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) SARA STOICO	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 8/8/05
	Time 1000 am
	Signature of U.S. Marshal or Deputy 

Service Fee 45.00	Total Mileage Charges (including endeavors) —	Forwarding Fee —	Total Charges 45.00	Advance Deposits —	Amount owed to U.S. Marshal or —	Amount of Refund —
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

SANDY J. BATTISTA

Plaintiff

SUMMONS IN A CIVIL CASE

V.

KATHLEEN Dennehy, et al  
Defendants

CASE NUMBER: C.A. 05-11456-DPW

TO: (Name and address of Defendant)

Kathleen Dennehy, Commissioner  
Department of Correction  
50 Maple Street - Suite 3  
Milford, Mass. 01757-3698

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Sandy J. Battista, pro se #M-15930  
Mass. Treatment Center  
30 Administration Rd.  
Bridgewater, Mass. 02324-3230

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

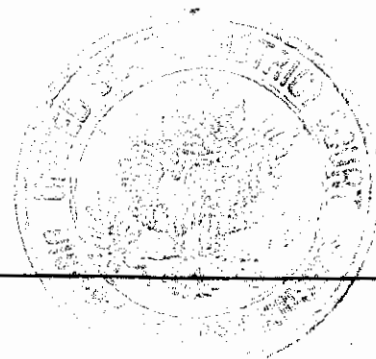
SARAH A. Thornton

CLERK

DATE

7/13/05

(By) DEPUTY CLERK



## RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <u>8/8/2005</u>
NAME OF SERVER (PRINT) <u>Cynthia Bohn</u>	TITLE <u>Deputy US marshal</u>
Check one box below to indicate appropriate method of service	
<input checked="" type="checkbox"/> Served personally upon the third-party defendant. Place where served: <u>50 maple st</u> <u>Milford MA.</u>	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____	
<input type="checkbox"/> Other (specify): _____	

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

8/8/2005  
Date

Signature of Server

Cynthia BohnUNITED STATES MARSHALS SERVICE  
HAROLD D. DONOHUE FEDERAL BLDG.

Address of Server

595 MAIN STREET  
WORCESTER, MA 01608

2018/17

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.